



General Assembly

February Session, 2002

***Raised Bill No. 518***

LCO No. 2057

Referred to Committee on Human Services

Introduced by:  
(HS)

***AN ACT CONCERNING THE HUSKY PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. Section 17b-292 of the general statutes, as amended by  
2       sections 1, 3, and 4 of public act 01-137, is repealed and the following is  
3       substituted in lieu thereof (*Effective July 1, 2002*):

4       (a) A child who resides in a household with a family income which  
5       exceeds one hundred eighty-five per cent of the federal poverty level  
6       and does not exceed three hundred per cent of the federal poverty  
7       level may be eligible for subsidized benefits under the HUSKY Plan,  
8       Part B.

9       (b) A child who resides in a household with a family income over  
10      three hundred per cent of the federal poverty level may be eligible for  
11      unsubsidized benefits under the HUSKY Plan, Part B.

12      (c) Whenever a court or family support magistrate orders a  
13      noncustodial parent to provide health insurance for a child, such  
14      parent may provide for coverage under the HUSKY Plan, Part B.

15      (d) The commissioner shall apply for a federal waiver to allow child

16 care providers and workers (1) with incomes that do not exceed  
17 per cent of the federal poverty level, and (2) who are ineligible for  
18 Husky Plan, Part B benefits because they do not have children, to  
19 become eligible for unsubsidized benefits under Husky Plan, Part B.

20     ~~[(d)]~~ (e) A child who has been determined to be eligible for benefits  
21 under either the HUSKY Plan, Part A or Part B shall remain eligible for  
22 said plan for a period of twelve months from such child's  
23 determination of eligibility unless the child attains the age of nineteen  
24 years or is no longer a resident of the state.

25     ~~[(e)]~~ (f) To the extent allowed under federal law, the commissioner  
26 shall not pay for services or durable medical equipment under the  
27 HUSKY Plan, Part B if the enrollee has other insurance coverage for  
28 the services or such equipment.

29     ~~[(f)]~~ (g) A newborn child who otherwise meets the eligibility criteria  
30 for the HUSKY Plan, Part B shall be eligible for benefits retroactive to  
31 his date of birth, provided an application is filed on behalf of the child  
32 within thirty days of such date.

33     ~~[(g)]~~ (h) The commissioner shall implement presumptive eligibility  
34 for children applying for Medicaid. Such presumptive eligibility  
35 determinations shall be in accordance with applicable federal law and  
36 regulations. The commissioner shall adopt regulations, in accordance  
37 with chapter 54, to establish standards and procedures for the  
38 designation of organizations as qualified entities to grant presumptive  
39 eligibility. In establishing such regulations, the commissioner shall  
40 ensure the representation of state-wide and local organizations that  
41 provide services to children of all ages in each region of the state.

42     ~~[(h)]~~ (i) The commissioner shall enter into a contract with an entity  
43 to be a single point of entry servicer for applicants and enrollees under  
44 the HUSKY Plan, Part A and Part B. The servicer shall jointly market  
45 both Part A and Part B together as the HUSKY Plan. Such servicer shall  
46 develop and implement public information and outreach activities

47 with community programs. Such servicer shall electronically transmit  
48 data with respect to enrollment and disenrollment in the HUSKY Plan,  
49 Part B to the commissioner who may transmit such data to the  
50 Children's Health Council.

51 [(i)] (j) To the extent permitted by federal law, the single point of  
52 entry servicer may be one of the entities authorized to grant  
53 presumptive eligibility under the HUSKY Plan, Part A.

54 [(j)] (k) The single point of entry servicer shall send an application  
55 and supporting documents to the commissioner for determination of  
56 eligibility of a child who resides in a household with a family income  
57 of one hundred eighty-five per cent or less of the federal poverty level.  
58 The servicer shall enroll eligible beneficiaries in the applicant's choice  
59 of managed care plan.

60 [(k)] (l) Not more than twelve months after the determination of  
61 eligibility for benefits under the HUSKY Plan, Part A and Part B and  
62 annually thereafter, the commissioner or the servicer, as the case may  
63 be, shall determine if the child continues to be eligible for the plan. The  
64 commissioner or the servicer shall mail an application form to each  
65 participant in the plan for the purposes of obtaining information to  
66 make a determination on eligibility. To the extent permitted by federal  
67 law, in determining eligibility for benefits under the HUSKY Plan, Part  
68 A and Part B with respect to family income, the commissioner or the  
69 servicer shall rely upon information provided in such form by the  
70 participant unless the commissioner or the servicer has reason to  
71 believe that such information is inaccurate or incomplete. The  
72 determination of eligibility shall be coordinated with health plan open  
73 enrollment periods.

74 [(l)] (m) The commissioner shall implement the HUSKY Plan, Part B  
75 while in the process of adopting necessary policies and procedures in  
76 regulation form in accordance with the provisions of section 17b-10.

77 [(m)] (n) The commissioner shall adopt regulations, in accordance

78 with chapter 54, to establish residency requirements and income  
 79 eligibility for participation in the HUSKY Plan, Part B and procedures  
 80 for a simplified mail-in application process. Notwithstanding the  
 81 provisions of section 17b-257b, as amended, such regulations shall  
 82 provide that any child adopted from another country by an individual  
 83 who is a citizen of the United States and a resident of this state shall be  
 84 eligible for benefits under the HUSKY Plan, Part B upon arrival in this  
 85 state.

86 Sec. 2. Section 17b-294 of the general statutes is repealed and the  
 87 following is substituted in lieu thereof (*Effective July 1, 2002*):

88 (a) The commissioner shall, within available appropriations,  
 89 establish two supplemental health insurance programs, to be known as  
 90 HUSKY Plus programs, for enrollees of the subsidized portion of the  
 91 HUSKY Plan, Part B with family incomes which do not exceed three  
 92 hundred per cent of the federal poverty level, whose medical needs  
 93 cannot be accommodated within the basic benefit package offered  
 94 enrollees. One program shall supplement coverage for those medically  
 95 eligible enrollees with intensive physical health needs and one shall  
 96 supplement coverage for those medically eligible enrollees with  
 97 intensive behavioral health needs.

98 (b) The commissioner shall apply for a federal waiver, if required, to  
 99 permit families with private health insurance and incomes which  
 100 exceed three hundred per cent of the federal poverty level, to enroll  
 101 and access, at their own expense, the Husky Plus programs established  
 102 pursuant to subsection (a) of this section.

103 ~~[(b)]~~ (c) Within available appropriations, the commissioner shall  
 104 contract with entities to administer and operate the HUSKY Plus  
 105 program for medically eligible enrollees with intensive physical health  
 106 needs. Such entities shall be the same entities that the Department of  
 107 Public Health contracts with to administer and operate the program  
 108 under Title V of the Social Security Act. The advisory committee  
 109 established by the Department of Public Health for Title V of the Social

110 Security Act shall be the steering committee for such program, except  
111 that such committee shall include representatives of the Departments  
112 of Social Services and Children and Families.

113     ~~[(c)]~~ (d) Within available appropriations, the commissioner shall  
114 contract with one or more entities to operate the HUSKY Plus program  
115 for medically eligible enrollees with intensive behavioral health needs.  
116 The steering committee for such program shall be established by the  
117 commissioner, in consultation with the Commissioner of Children and  
118 Families. The steering committee shall include representatives of the  
119 Departments of Social Services and Children and Families.

120     ~~[(d)]~~ (e) The acuity standards or diagnostic eligibility criteria, or  
121 both, the service benefits package and the provider network for the  
122 HUSKY Plus program for intensive physical health needs shall be  
123 consistent with that of Title V of the Social Security Act. Such service  
124 benefit package shall include powered wheelchairs.

125     ~~[(e)]~~ (f) The steering committee for intensive behavioral health needs  
126 shall submit recommendations to the commissioner for acuity  
127 standards or diagnostic eligibility criteria, or both, for admission to the  
128 program for intensive behavioral health needs as well as a service  
129 benefits package. The criteria shall reflect the severity of psychiatric or  
130 substance abuse symptoms, the level of functional impairment  
131 secondary to symptoms and the intensity of service needs. The  
132 network of community-based providers in the program shall include  
133 the services generally provided by child guidance clinics, family  
134 service agencies, youth service bureaus and other community-based  
135 organizations.

136     ~~[(f)]~~ (g) The commissioner shall adopt regulations, in accordance  
137 with chapter 54, to establish a procedure for the appeal of a denial of  
138 coverage under any of the HUSKY Plus programs. Such regulations  
139 shall provide that (1) an appeal of a denial of coverage for a medically  
140 eligible enrollee with intensive physical health needs shall be taken to  
141 the steering committee for intensive physical health needs, (2) an

142 appeal of a denial of coverage for a medically eligible enrollee with  
143 intensive behavioral health needs shall be taken to the steering  
144 committee for intensive behavioral health needs, and (3) a medically  
145 eligible enrollee with intensive physical or behavioral health needs  
146 may appeal the decision of any such steering committee to the  
147 commissioner.

148     ~~[(g)]~~ (h) The commissioner shall contract for an external quality  
149 review of the HUSKY Plus programs. Not later than January 1, 1999,  
150 and annually thereafter, the commissioner shall submit a report to the  
151 Governor and the General Assembly on the HUSKY Plus programs  
152 which shall include an evaluation of the health outcomes and access to  
153 care for medically eligible enrollees in the HUSKY Plus programs.

154     ~~[(h)]~~ (i) On and after the date on which any medically eligible  
155 enrollee begins receiving benefits under the HUSKY Plus programs,  
156 such enrollee shall not be eligible for services under Title V of the  
157 Social Security Act.

158     ~~[(i)]~~ (j) Not later than December 1, 1997, or not less than fifteen days  
159 before submission of the state children's health insurance plan to the  
160 joint standing committees of the General Assembly having cognizance  
161 of matters relating to human services, public health, insurance and  
162 appropriations and the budgets of state agencies, whichever is sooner,  
163 the commissioner shall submit to said joint standing committees of the  
164 General Assembly any part of the state children's health insurance plan  
165 that refers to the HUSKY Plus programs. Such submission shall  
166 address acuity standards and diagnostic eligibility criteria, the service  
167 benefit package and coordination between the HUSKY Plan, Part B  
168 and the HUSKY Plus programs and coordination with other state  
169 agencies. Within fifteen days of receipt of such submission, said joint  
170 standing committees of the General Assembly may advise the  
171 commissioner of their approval, denial or modifications, if any, of the  
172 submission. If the joint standing committees do not concur, the  
173 committee chairmen shall appoint a committee on conference which

174 shall be comprised of three members from each joint standing  
 175 committee. At least one member appointed from each committee shall  
 176 be a member of the minority party. The report of the committee on  
 177 conference shall be made to each committee, which shall vote to accept  
 178 or reject the report. The report of the committee on conference may not  
 179 be amended. If a joint standing committee rejects the report of the  
 180 committee on conference, the submission shall be deemed approved. If  
 181 the joint standing committees accept the report, the committee having  
 182 cognizance of matters relating to appropriations and the budgets of  
 183 state agencies shall advise the commissioner of their approval or  
 184 modifications, if any, of the submission, provided if the committees do  
 185 not act within fifteen days, the submission shall be deemed approved.

186 [(j)] (k) The commissioner shall adopt regulations, in accordance  
 187 with the provisions of chapter 54, to establish criteria and specify  
 188 services for the HUSKY Plus programs. Such regulations shall state  
 189 that the HUSKY Plus programs shall give priority in such programs to  
 190 enrollees with family incomes at or below two hundred thirty-five per  
 191 cent of the federal poverty level.

192 [(k)] (l) As used in this section, "medically eligible enrollee" means  
 193 any enrollee with special needs related to either physical or behavioral  
 194 health who meets the acuity standards or diagnostic eligibility criteria  
 195 adopted by the commissioner regarding the acuity, diagnosis,  
 196 functional impairment and intensive service needs of the enrollee.

197 Sec. 3. Section 17b-303 of the general statutes is repealed and the  
 198 following is substituted in lieu thereof (*Effective July 1, 2002*):

199 (a) For purposes of determining eligibility for the HUSKY Plan, Part  
 200 B and to the extent permitted by federal law and to the extent federal  
 201 financial participation is available, the commissioner may disregard  
 202 family income. Such disregard of family income shall allow subsidized  
 203 coverage for an eligible beneficiary who resides in a household with a  
 204 family income of not more than three hundred per cent of the federal  
 205 poverty level. No such income disregard shall have the effect of

206 granting eligibility for a child under the HUSKY Plan, Part A. On July  
207 1, 2002, and annually thereafter, when determining continued  
208 eligibility for Husky Plan, Part B, the commissioner shall disregard  
209 increases in family income that are less than three per cent higher than  
210 the prior year's income.

211 (b) The commissioner may submit an application for a waiver under  
212 Section 1115 of the Social Security Act (1) to authorize the use of funds  
213 received under Title XXI of the Social Security Act to establish a non-  
214 Medicaid health insurance program for eligible beneficiaries who  
215 reside in a household with a family income of more than two hundred  
216 thirty-five per cent of the federal poverty level but less than three  
217 hundred per cent of the federal poverty level, and (2) to allow families  
218 under Section 2105(c)(3) of Title XXI of the Social Security Act to  
219 purchase health insurance under the HUSKY Plan, Part B with a  
220 sliding fee scale for families with an income up to three hundred per  
221 cent of the federal poverty level and at full premium for those  
222 uninsured families with an income of over three hundred per cent of  
223 the federal poverty level. The commissioner may submit an application  
224 for a waiver of allowable expenditures in excess of ten per cent under  
225 the provisions of Section 2105(c)(2) of Subtitle J of Public Law 105-33.

226 (c) The commissioner shall submit any application for a federal  
227 waiver or proposed modification of any such waiver in connection  
228 with the HUSKY Plan, Part A and Part B, except the initial waivers  
229 specified under subsection (b) of this section, to the joint standing  
230 committees of the General Assembly having cognizance of matters  
231 relating to human services, public health, insurance and  
232 appropriations and the budgets of state agencies prior to the  
233 submission of such application or proposed modification to the federal  
234 government in accordance with the provisions of section 17b-8.

235 (d) If the waiver specified in subdivision (1) of subsection (b) of this  
236 section is denied and the income disregard under subsection (a) of this  
237 section is not available, uninsured children who reside in a household



238 with a family income of more than two hundred thirty-five per cent of  
239 the federal poverty level but less than three hundred per cent of the  
240 federal poverty level shall be eligible for unsubsidized benefits under  
241 the provisions of subsection (b) of section 17b-292, as amended by this  
242 act.

This act shall take effect as follows:	
Section 1	<i>July 1, 2002</i>
Sec. 2	<i>July 1, 2002</i>
Sec. 3	<i>July 1, 2002</i>

***Statement of Purpose:***

To allow a greater number of persons to access the HUSKY health insurance plans, and to insure that those enrolled in HUSKY health insurance plans do not lose their eligibility in the plans due to incremental increases in family income.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*